STATE OF WEST VIRGINIA DIVISION OF MOTOR VEHICLES TITLES AND REGISTRATION DIVISION

Fee \$50.00

Application for a Sixty Day Non-Resident Special Permit Please type or print in blue or black ink only

The undersigned owner(s) of the described vehicle hereby makes application for a sixty day nonresident special permit

for that vehicle, and certifies the following facts: Name _____ (Name of applicant must be same as shown on registration card issued in state of residence) West Virginia Address ____ Street City Zip State County State of Residence Address _____ County Complete description of Vehicle for which Application is made. Make ______ Year _____ Body Style _____ Serial No./Vin _____ State in which vehicle is currently titled and registered _____ License No. ______ Date of Expiration _____ Describe briefly the nature of your work Is your employment or business in West Virginia --(a) Temporary? _____ Period by Dates _____ (b) Recurrent? _____ Why _____ (c) Seasonal? _____ Why _____ (d) Frequency of periods of such employment or business Title of your occupation ______ Are you self employed? _____ If not, give name of employer _____ (Individual, Company, or Corporation Name and address of your immediate supervisor ____ Do you plan to be self employed or employed by any other individual, company or corporation sixty days from date of application? ______ If answer is yes, name and address of same ______ A certificate of insurance must be presented with this application. There is a .50¢ insurance fee, for recording the certificate. I hereby state, under penalty of false swearing, that the statements made herein are true and correct to the best of my knowledge and belief, and do hereby understand that any false statements may result in legal penalties pursuant to West Virginia Motor Vehicle Law §17A-9-1; Fraudulent Applications. Signature _____ Date _____

If you are not self employed, the following verificationmust be executed by your employer:		
This will verify the statements mundersigned.	nade by the applicant on the reverse sid	de of this application relative to his employment by
	(Name of Applicant's Employer — Individual, Com	pany, or Corporation)
	(Signature of Officer)	
	(Title of Officer)	
	IMPORTANT INSTRUCTION	ONS
	imfortant instruction	0113
applicant's residence, and a \$50	card, or facsimile thereof attested by 9 0.00 fee must accompany this applicat h application will be returned immedia	signature of applicant thereon, issued by state of ion for a non-resident special permit. Any original ately.
	THIS SPACE FOR DIVISION US	SE ONLY
Date application received	Date	e approved
Date Special Permit Expires		
Number of Special Plate and Re	egistration Card issued	
Date Renewed	Number Issued	Expiration Date
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